Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURE	S NOTICE FIL	ING		
AGENCY NAME Mississippi State Personnel Board		CONTACT PERSON Sara DeLoach Special Assistant Attorney General Mississippi State Personnel Board		
ADDRESS 210 East Capitol Street, Suite 800		CITY Jackson	STA	1
EMAIL Sara.deloach@mspb.ms.gov	SUBMIT DATE 6/21/12	Name or number of rule(s): Information Technology Classification Special Compensation Plan for FY 2013		
Short explanation of rule/amendment Classification Special Compensation P developing competent information to Mississippi. The Plan is to be effective Specific legal authority authorizing the List all rules repealed, amended, or su	lan for FY 2013 chnology profes July 1, 2012, ba e promulgation	establishes compensation policies sionals to support the informatio sed upon Legislative requirement of rule: Miss. Code Ann. §§ 25-9-1	for the purpose n technology bus s of implementat	of attracting, retaining, and iness needs of the State of tion of the Plan.
ORAL PROCEEDING:		· · · · · · · · · · · · · · · · · · ·	•	. , , , , , , , , , , , , , , , , , , ,
An oral proceeding is scheduled fo				
Presently, an oral proceeding is no				
If an oral proceeding is not scheduled, an oral p ten (10) or more persons. The written request notice of proposed rule adoption and should intagent or attorney, the name, address, email adcomment period, written submissions including ECONOMIC IMPACT STATEMENT:	hould be submitted lude the name, add lress, and telephon	to the agency contact person at the aboverses, email address, and telephone number of the party or parties you reore	e address within twe er of the person(s) ma sent. At any time wit	nty (20) days after the filing of this aking the request; and, if you are an thin the twenty-five (25) day public
Economic impact statement not re	quired for this r	ule.	conomic impact s	statèment attached.
TEMPORARY RULES PROPERTY PROP		pposed: coposed: copo	Final Action on Rules Date Proposed Rule Filed:	
Printed name and Title of person at Signature of person authorized to f	thorized to fil	e ules: Sara DeLoach, Special	Assistant Attorr	ney General
organization person authorized to f		ua (Souch)		
OFFICIAL FILING STAMP		OT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICE	IAL ELLING STANAD
Accepted for filling by		for filling by	JU MIS SECRET	IN 2 1 2012 SSISSIPPI ARY OF STATE
	Accepted	TOT TIME BY	Accepted for fil	ling by 3 8909E

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.